

Medical Service Study Area (MSSA) Reconfiguration Process

California's 58 counties contain extreme differences in geographic size, terrain and population, thus making it difficult to determine healthcare provider need of its citizens. In order to better collect this data the California Healthcare Workforce Policy Commission (Commission) developed sub-county units, called Medical Service Study Areas (MSSAs), by which to determine physician need. These sub-county units measure areas within a single county and use primary care physician to population ratios in identifying the area's healthcare needs. The reconfiguration provides a more accurate measurement in identifying areas in California that may be adequately or underserved by primary care physicians. Healthcare providers and funding sources are now better allocated based on this more specific data.

Under a 1992 agreement with the U.S. Health Resources and Services Administration (HRSA) OSHPD and the Commission received responsibility for computerizing the MSSA data, providing [technical assistance](#) to primary care safety net providers who sought to obtain Health Professional Shortage Area or Medically Underserved Area designations, develop processes by which MSSA boundaries were accepted by the federal government, and to develop general rules for those MSSAs which are sub-units of high population urban areas and redefine these urban MSSAs, based on newly available 1990 data.

Working with Geographic Information System (GIS) technology, population and socioeconomic data is presented to healthcare delivery stakeholders in interactive sessions, displaying community needs more precisely and effectively. Land area and population density data are more accurate, revealing a clearer demarcation of each county's rural and urban areas. Based on geographic data and public input gleaned at community meetings, HWCDD staff presents its findings and recommendations to the Commission, who, in turn, review and verify the data and confirm the changes.